

OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH

58922

Reg. Dist. No. 24
Primary Reg. Dist. No. 4141

State File No. _____
Registrar's No. 8

1. PLACE OF DEATH

(a) County Delaware
(b) Union Township
(City, Village, Township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution _____ (Days)
In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Delaware
(c) City or village Wapakoneta
(If outside city or village, write RURAL)
(d) Street No. Wapakoneta
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

FULL

3. NAME James Robert ...
(a) if veteran, name war _____ (b) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Wapakoneta, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name James Robert ...

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name James Robert ...

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's signature _____ (b) Address _____

17. (a) Burial, cremation, or other; (b) Date _____ (Month) (Day) (Year)

(c) Place Wapakoneta

(d) Wapakoneta (Name of Embalmer) (Lic. No.)

18. (a) Wapakoneta (Signature of Funeral Director) (Lic. No.)

(b) Address _____

19. (a) Oct. 5, 1948 (Date received local registrar) (b) Wapakoneta (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month October day 4th year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 6th, 1948 to October 4th, 1948, that I last saw him alive on September 26th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operation _____

Major findings of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature R. G. Hunter M.D. (Specify if Doctor of Medicine or Osteopathy)

Address Wapakoneta, Ohio Date signed 10-5-48

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11